

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043554

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 247 Primary Registration District No. 4364 Registrar's No. 17

FILED DEC 13 1962

1. PLACE OF DEATH

a. COUNTY

Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN GranbyLength of stay in lb
5 1/2 yearsc. CITY
OR TOWN

Granby

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HomeInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
NoneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Eugene

Middle

Leo

Last

Beck

4. DATE
OF DEATH

Month

December

Day

6,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-16-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Ritchey, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles E. Beck

13b. MOTHER'S MAIDEN NAME

Melisi Emma Buxton

14. NAME OF HUSBAND OR WIFE

Mrs. Nettie Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

54 Mrs. Nettie Beck Granby, Missouri

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CIRCULATORY FAILURE

INTERVAL BETWEEN
ONSET AND DEATH
5 MIN.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

HYPERTENSIVE CARDIOVASCULAR
DISEASEOVER
1 WEEK.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from NOV 28, 62 to DEC 3 62 and last saw her
him alive on DEC 3, 62
Death occurred at 4:40 A - m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles O. Porter, M.D.

22b. ADDRESS

GRANBY, MISSOURI.

22c. DATE SIGNED

12-6-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12-9-1962

23c. NAME OF CEMETERY OR CREMATORY

Black Fox Cemetery

23d. LOCATION (City, town, or county)

Ritchey, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shewma ke Funeral Home Granby, Mo.

25. DATE RECD. BY LOCAL REG.

Dec 8 1962

26. REGISTRAR'S SIGNATURE

M. R. Young

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0730

2 0730

3

4 0

5 1

6

7 0

8 2

9 443X

10

11

12 90-2

13 4-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Floyd E. Skewmbeck

Licensed Embalmer No.

4923

P. O. Address

Box 218, Hanley, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.